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Management Needs and Sustainability Assessment of
Three Non-Governmental Organizations
Summary Report for the Ministry of Health, Turkey
General Directorate of Mother Child Health and
Family Planning

Family Planning Management Development (FPMD)
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Office of Population, USAID

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THE MINISTRY OF HEALTH, TURKEY
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MOTHER CHILD HEALTH AND
FAMILY PLANNING

Final Report

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Family Planning Management Development Project
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SUMMARY REPORT FOR THE MCHFP GENERAL DIRECTORATE:

*Management Needs and Sustainability Assessment
of the FPAT, HRDF, and TFHPF*

Introduction

The strategic objectives of USAID assistance to the Turkish family planning program are:

1. To increase the availability and effective use of quality family planning and reproductive health services.
2. To improve Turkey's self-reliance in family planning and reproductive health by enhancing the public and private sector ability to meet consumer demand for these services independent of USAID support.

Within this strategic context, USAID has identified expected program outcomes and indicators for a policy strategy to strengthen Turkish non-governmental organizations' (NGO) structures to assume important and appropriate roles in family planning/reproductive health. These program outcomes include:

- Appropriate roles and corresponding strategic plans and organizational structures have been determined and implemented.
- Management capabilities and technical skills have been enhanced to better carry out the NGOs' mission.
- NGOs have a stronger financial base with increased local revenues including local fund raising and decreased reliance on USAID and other donor support.
- Improved linkages and integration of family planning activities with NGOs and professional organizations whose primary mandate is outside of family planning/reproductive health.

According to the Turkey country strategy, these program outcomes will have been achieved by USAID-supported NGOs by 1997 and/or 1999.¹

The Family Planning Management Development (FPMD) Project of Management Sciences for Health (MSH) was requested by USAID/Ankara and USAID/Washington to undertake management needs and sustainability assessments of three NGOs: The Family Planning Association of Turkey (FPAT), The Human Resource Development Foundation (HRDF), and the Turkish Family Health and Planning Foundation (TFHPF). It should be noted that the FPAT does not currently receive funding from USAID. HRDF and TFHPF receive funding for discrete project activities through USAID-funded Cooperating Agencies (CA) working in Turkey. USAID/Ankara's objective for including the FPAT in this exercise was to identify areas where USAID might provide financial and/or technical assistance in support of the goals of its 5-year strategy as well as the goals of the National Family Planning Program.

FPMD is a world-wide, USAID centrally-funded project implemented by MSH. FPMD works at the regional, national, and local levels throughout Europe, the Near East, Africa, Asia and Latin America. The project provides management assistance to national family planning programs and organizations, both public sector and non-governmental, to improve institutional and managerial effectiveness for the provision of high-quality family planning services. FPMD's approach to organizational development is built on extensive experience, which includes the provision of technical assistance to family planning organizations in over 30 countries. The project's technical areas of expertise include: strategic planning; business planning; operational work planning; financial and human resource management; management information systems; coordination and collaboration between the public and private sectors; and program evaluation.

The management needs and sustainability assessments were undertaken during the period 5-22 June 1995 by Roy Brooks, MSH Consultant in Health Finance and Management, and Alison Ellis, Regional Director, Asia/Near East, FPMD. The primary objectives of the assessments were to:

1. prepare a set of findings and recommendations regarding each of the NGOs' management systems and structures;
2. jointly identify activities for the next few years designed to build on each NGO's strengths, and contributions to the National Family Planning Program; and
3. within these recommendations and strategic activities, address the issue of each NGO's programmatic, institutional and financial sustainability with a view to maximizing their

¹ USAID, "Strategy for USAID Population Assistance to Turkey, 1995-1999", December 1994.

respective opportunities to be as sustainable as possible in the near future. This includes recommendations as to where possible future support from USAID and/or other external donors would be appropriate.

All three NGOs are clearly contributing to the goals of the National Family Planning Program through their programmatic activities. All of them are and should continue to serve as important technical resources to the MOH, and to the local and international family planning community through piloting innovative service delivery and other program activities, documenting lessons learned, and contributing in collaborative ways to the formulation and/or change in national policy concerning family planning (FP) and reproductive health (RH) issues.

The following is a brief synopsis for each of the NGOs of their respective programs and collaborative efforts with the MOH.

Family Planning Association of Turkey

The FPAT is undergoing a period of growth in its operations and scope of programmatic activities, perhaps the most significant expansion since its founding in 1963. This is due to significant funding for discrete project activities from the European Union (EU) in particular, the German Technical Collaboration (GTZ), and an UNFPA-funded subcontract from the MOH, as well as continued funding from IPPF.

FPAT benefits from having a Mission Statement, developed in collaboration with IPPF, with clearly articulated goals and objectives. This document provides the guiding framework for all program activities, whether international donor-specific or FPAT's, such as the Safe Motherhood projects funded by the EU, or small-scale projects undertaken by selected FPAT Branches. This document also guides projects focused on information, education and communication (IEC) and advocacy, such as FPAT's work with religious institutions and leaders, and its EU-funded AIDS Initiative Project which is targeting high level government (political) policy makers.

It is clear that the "target populations," i.e., the poor and under-served, men, adolescents, religious leaders, policy makers, etc. identified in FPAT's Annual Work plan are benefiting from the organization's program activities. Community-based service delivery projects, in particular, focus on populations living in slum areas where contraceptive prevalence rates (CPR), especially for effective methods, are low, and there is unmet need for FP and other reproductive health (RH) services. These FPAT projects are strengthening access to such services, improving client knowledge regarding all contraceptive methods, especially by addressing misinformation regarding methods, and introducing a high standard for quality of care which is client-centered and comprehensive. Moreover, FPAT is taking a leadership role at the national level, for example, through the successful introduction and replication of community-based activities which include FP and other RH services, its AIDS Initiative Project, and preparation and follow-up activities for the International Conference on Population and Development (ICPD). In sum, FPAT's various service delivery and other projects appear to be wholly consistent with the strategies and objectives articulated in its Mission Statement and Annual Work Plan.

FPAT's programmatic strategies may be categorized as follows: introduction and replication of the community-based service delivery model, introduced by FPAT for the first time in Turkey in 1984, using community women in slum areas of major cities (e.g., Adana-Mersin, Ankara, Istanbul, Diyarbakir); four mini-clinics offering a range of methods and services (except sterilization, Norplant® and Depoprovera); IEC at the community and mass levels; and IEC and advocacy activities for "special" populations, e.g., adolescents, men, religious leaders, AIDS awareness among

policy makers. It is difficult to gauge the impact of the latter three activities, other than to opine that they are contributing in positive ways to knowledge, attitude and, perhaps, practice among these various general and specific groups. The AIDS Initiative Project and work with religious leaders, in particular, are important activities in light of the current lack of a national plan or strategy regarding AIDS, and recent elections in Ankara and Istanbul which have brought an Islamic fundamentalist party to power in both cities, threatening gains to date in FP and coloring the atmosphere regarding FP especially at the local level in poorer areas. (Note: since the assessment was conducted, the FPAT has informed that an all-party group established in Parliament with FPAT collaboration will be the basis for an UNFPA-funded project next year. The project will be the first initiative in Parliament to urge members to address and analyze population issues in Turkey and in the world.)

In terms of strategies for service delivery, the community-based service (CBS) model is an important contribution to national program efforts. While limited in scope (geographic area) and number of clients served annually, per se, the projects are serving poor areas not currently well served by the MOH. The impact of such a model has been well documented in countries such as Bangladesh where, as in Turkey, there is a significant gap between knowledge of FP and acceptance of methods, particularly of effective methods, and barriers to access due to economic and cultural factors, and misinformation about methods. While FPAT's CBS projects are increasing access to and use of contraceptive methods, according to interviews and review of documents, providing an opportunity for couples to switch from no or less effective methods (e.g., withdrawal) to more effective methods (e.g., IUDs, sterilization) these projects are highly dependent upon the capacity and capabilities of MOH, SSK, and private sector facilities to which clients are referred for the more effective methods and other RH services.

The Ankara Safe Motherhood Project is a good case in point: women leaders working in the project's catchment area are generating demand for clinic-based services which the local MOH Health Units appear not to be able to consistently satisfy due to their own constraints, e.g., periodic lack of water, gloves, IUDs; lack of personnel trained in FP, etc.

FPAT places a premium on high standards of care and respect for its clients, which is laudable. FPAT is not financially in the position to open other Mini-clinics or MCHFP Centers, nor should it, given the network of MOH facilities available. While the issue of public sector capacity to manage FP caseload and quality of care issues are certainly not unique to the FPAT, nor to Turkey, the community-based information-service delivery model and the national goal of increasing CPR of effective methods is predicated on referral facilities' capacities. The model and FPAT's experience to date indicate the need for constructive linkages and dialogue with MOH and SSK officials, at the

local and central levels, which are being pursued by FPAT staff. The experience of the Ankara Safe Motherhood Project likewise indicates the need for perhaps a more strategic selection of future CBS sites on the part of the FPAT and MOH to assure that MOH Health Centers serving the targeted communities have the capacity to provide the clinical FP and RH services with trained and competent staff, equipment and supplies, and at a reasonable cost, etc. Otherwise the credibility of this service delivery approach is in jeopardy among the communities served, and the model's sustainability, in terms of lasting impact on contraceptive use following the withdrawal of outreach services, is likewise in jeopardy. Somewhat similar observations concerning the strategic selection of CBS sites were noted with HRDF and TFHPF's Safe Motherhood projects. As in the case of FPAT, constructive linkages and dialogue with local MOH and SSK Central and Provincial Health Directorate officials and providers are being pursued.

A final observation on FPAT's program strategies concerns geographical coverage: FPAT's Branch structure is weak in two regions, the Black Sea Region (IV) and East and Southeast Region (V). This may likely be attributed to the absence of approved (by IPPF) positions for Regional Coordinators in these Regions. (Note: since the assessment was conducted, the EU has approved a FPAT project in Diyarbakir. FPAT has advised that the Project Coordinator to be recruited for this new project will also serve as the Regional Coordinator, thus strengthening FPAT's activities and linkages in Southeastern Anatolia.)

Human Resource Development Foundation

The HRDF has likewise undergone a period of growth in staffing and projects over the past two years, the most significant expansion since its founding in 1988. This is due to recent funding from the EU for an AIDS Project, the International Labour Organization (ILO) for a "Working Children" project, UNFPA funding via a subcontract from the MOH for a Safe Motherhood Project in Istanbul, funding from JHPIEGO for development of a pre-service training curriculum for medical personnel on family planning, other reproductive health services and AIDS, and funding from SOMARC for the development of a FP training curriculum and training for pharmacists. Continuation funding from PFI for HRDF's Community Based Services Project is pending as is EU funding for the Family Planning Unit at Istanbul University. The majority of the HRDF's current projects have initiated activities in the last few months: the ILO Project in January 1995, Safe Motherhood in February, AIDS Project in April, SOMARC Project in May. Only the PFI-supported CBS Project is of long-standing, dating from 1986, prior to the establishment of the Foundation.

HRDF's programmatic strategies may be categorized as follows: strengthening the knowledge and training of family planning service providers for improved quality of care; introduction and replication of the community-based FP service delivery model using community women from slums areas of major cities (e.g., Izmir, Gaziantep); a similarly designed project in Istanbul (Safe Motherhood) includes an MCH component; subject to European Union (EU) funding and MOH approval, an accredited model FP/RH training center at Istanbul University will be initiated, providing the full range of female contraceptive methods, vasectomy, and reproductive health services; an AIDS Project which targets sex workers and STD/AIDS care providers; and a project targeting school inspectors designed to heighten awareness of the incidence and consequences of working children. These latter two projects are very new, and are "cutting edge" in that apparently no other organizations are focusing on these issues. These projects have great potential to contribute to increased knowledge and understanding of the issues and policy implications for the MOH and Ministry of Education, respectively. And finally, the HRDF is undertaking technical (medically-oriented) projects targeting medical service providers (physicians and pharmacists) through the preparation of specialized curricula. Through the development process, consensus will no doubt be achieved concerning standards for knowledge and quality of care among these service providers. In sum, HRDF's various service delivery and policy-related projects are wholly consistent with the general aims of the Foundation and specific strategies related to FP/RH and AIDS as articulated in HRDF documents.

In terms of strategies for service delivery the CBS model, with which HRDF has had nearly 10 year's experience, as well as its new Safe Motherhood project, largely based on the CBS model, are important contributions to national program efforts. As with the FPAT's CBS activities, HRDF's projects are serving poor areas not currently well served by the MOH or other facilities. And, as noted above, the model's potential impact on acceptance of more effective clinical methods is dependent, in part, on the capacity of MOH and SSK facilities as well as the private sector to serve referred clients.

The majority of HRDF's projects draw upon local expertise to enrich project activities, for example, the AIDS Project's Advisory and Expert Committees are composed of knowledgeable government and university-based personnel, and the Izmir CBS Project's use of a Provincial MOH Directorate staff member to serve as lead trainer for the Project's new CBS workers. Moreover, HRDF medical staff are seen and used as technical resources to the MOH, the 13 medical schools involved in the JHPIEGO project, and midwifery and pharmacy schools in Istanbul where they are called upon to serve as lecturers in FP.

The Turkish Family Health and Planning Foundation

The TFHPF's service delivery strategy focuses on expanding family planning service access and quality in the private sector. It is currently implementing four major project activities, all of which build upon prior year's projects: The Reproductive Health Network Project funded by The Futures Group (SOMARC Project); the Safe Motherhood Project funded by UNFPA under a subcontract from the MOH; two private clinics in Istanbul which are increasingly self-sustaining; and periodic technical assistance in support of FP services at factory-based clinics which are not currently funded by an international donor.

The Reproductive Health Network is in the early phases of implementation. A direct outgrowth of the TFHPF's successful collaboration with SOMARC in social marketing of pills and condoms, the goal of this new project is not just to market products, but to market reproductive health services in the private sector by organizing a network of reproductive health care and FP service providers among existing private sector health care units. This project has great potential to "transition" clients who can afford to pay for FP/RH services from the public to private sector on a large scale.

The TFHPF operates two clinics in Istanbul established in 1989 and 1990 with assistance from John Snow International (JSI) and PFI. The Safe Motherhood Project initiated by the TFHPF in early 1995 with funding from UNFPA under a subcontract from the MOH is being implemented in catchment areas served, in part, by these clinics. The clinics offer a range of FP and RH services, and report a doubling in their caseloads, especially among lower income clients from the catchment areas. In addition to referral to the Foundation's clinics, clients are referred to MOH Health Units (a total of four serve each of the Project's two catchment areas), MOH and SSK hospitals, and the Family Planning Unit (FPU) at Istanbul University. The Foundation has strong and effective linkages with the FPU and has arranged for clinical FP/RH services to be provided at no or low cost. Linkages with MOH Health Units, and MOH and SSK hospitals are at times somewhat problematic. The Medical Coordinator and Project Nurse Coordinators advise that these facilities do not have adequate capacity to manage referrals, and this poses problems for clients with identified needs for referral assistance.

The TFHPF's project with factory-based clinics is limited to periodic technical and material (e.g., commodities, brochures, etc.) assistance to 20 factories, collection of statistics on FP services, and collaborative evaluation of program progress.

The Foundation hopes to "revive" its Migrant Workers project in three Eastern provinces this or next year. It intends to submit a proposal for funding to the UNFPA. The project involves the provision of primary health care services, including FP, to migrant workers in this region via mobile health teams.

With TFHPF financing and partial support from the UNFPA, the TFHPF is planning a workshop on "FP and the Legacy of Islam" for the fall. This workshop may contribute in significant ways to proactively addressing recently heightened religious barriers to acceptance of FP, particularly among low income clients served by the Foundation, other NGOs, and the MOH.

CONCLUSIONS

It is clear that these three NGOs are playing an important role in family planning and reproductive health efforts in Turkey, and one that is complimentary to the national and local efforts of the MOH. All of the NGOs have highly qualified staff with the requisite managerial and technical skills to implement current project activities and special programs. All of the NGOs are committed to national goals of expanding access to and improving the quality of FP and RH services among under-served and "special" populations, and in support of MOH activities at local and national levels. The experience of these three organizations in introducing a community-based service delivery model for FP and MCH, in collaboration with the MOH, will yield valuable lessons for the Turkish health community as to the acceptability and impact of this model of service delivery, and will inform future strategies and collaboration at local and national levels. As noted above, this model has great potential for contributing to sustained increases in contraceptive acceptance among "targeted" populations if local issues regarding referrals are constructively and strategically addressed. Moreover, the NGOs' advocacy activities (e.g., pilot AIDS projects, efforts directed at special populations) have the potential to contribute to informed decision-making and, hopefully, positive action among policy makers and other decision leaders.

All of the NGOs have adequate management systems for their current level of development, particularly at the project level. However, if these NGOs are to continue to grow, in terms of scope, reach, and complexity of activities, selected management systems will need to be developed, refined and "formalized" to assure efficiency and effectiveness of operations and to allow for responsiveness to change.

As to financial sustainability, the assessments have raised concerns with respect to the degree of the NGOs' reliance on external donor funding for project activities and core funding, and with the exception of the TFHPF, the current, limited generation of revenues from local sources. All three NGOs are actively addressing the issue of financial sustainability through strategic and/or financial planning activities, which are currently underway or will hopefully shortly be in process. The MSH team has recommended that to the extent possible, USAID and/or other donor funding be made

available for technical assistance in strategic and financial planning and/or seed money provided for pilot revenue generation programs in support of the NGOs' efforts and goals.

Recommendations on suggested technical assistance and interventions to strengthen/expand key management systems and to address financial sustainability needs are elaborated in reports prepared by the MSH team for consideration by each NGO and USAID.

ANNEX 1

Contacts

USAID/Ankara

Dr. Pinar Senlet, Population Advisor
Ms. Carol Miller, Population Advisor

Ministry of Health, MCHFP General Directorate

Dr. Ayse Akin, General Director
Mr. Ugur Aytac, Deputy Director

Family Planning Association of Turkey

Dr. Semra Koral, Executive Director, FPAT
Ms. Bilgehan Yildirim, National Programs Coordinator, FPAT
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Ms. Ulber Elgin, Regional Coordinator, Central Anatolia, FPAT
Ms. Topkara Nevin, Safe Motherhood Project Coordinator, Ankara, FPAT
Ms. Nesran Ceelikkaya, Woman Leader, Safe Motherhood Project, Ankara, FPAT
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Ms. Ayse Ozmus, Nurse, Ankara Mini-clinic, FPAT
Ms. Cemile Erol, Secretary, Ankara Mini-clinic, FPAT
Dr. Sema Kut, Dean, University of Ankara
Mr. Sabahattin Alput, previous Under-Secretary, Ministry of Finance
Mr. Edmund J. Cain, Resident Representative, UNFPA

Human Resource Development Foundation

Ms. Nuray Fincancioglu, Executive Director
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Ms. Nevhan Varol, Research Coordinator, AIDS Project
Dr. Nuray Yolsal, Medical Coordinator, AIDS Project
Ms. Gayli Gelikhan, Project Coordinator, Working Children
Ms. Muesser Alkan, Finance and Administration Coordinator
Ms. Zeynep Turkmen, Project Coordinator, Safe Motherhood
Dr. Aysen Bulut, Executive Board Member, and Director, Family Planning Unit, MCH/FP Training and Research Centre
Ms. Tulay Bayindirli, Project Coordinator, Community Based Services Project, Izmir
Ms. Hatice Alkin, Assistant Project Coordinator, Community Based Services Project, Izmir
Mr. Hasip Buldanlioglu, Executive Board member, Treasurer, and Banking Consultant in Financial Management

Turkish Family Health and Planning Foundation

Mr. Yasar Yaser, Executive Director
Dr. Enis Balkan, Medical Coordinator
Ms. Nurcan Muftuoglu, Director of Family Planning Department
Prof. Dr. Baran Tuncer, Member of Board of Directors
Ms. Ayse Cakmak, Nurse-Safe Motherhood Project Coordinator, Gungoren Clinic
Ms. Remziye Uzeklerglu, Community Worker, Safe Motherhood Project, Gungoren Clinic
Nurse-Safe Motherhood Project Coordinator, Fikirtepe Clinic
Prof. Dr. Selcuk Erez, Board of Directors

ANNEX 2

Schedule of Meetings

Family Planning Association of Turkey

- 5 June** Team meeting with Executive Director, National Programs Coordinator, and Administrative Affairs and Finance Coordinator
- 6 June** Meeting with Finance Coordinator re Logistics and National Programs Coordinator and Regional Coordinator re program activities and systems (Ellis)
- Meeting with Finance Coordinator re finance systems (Brooks)
- 7 June** Field visits to Safe Motherhood Project, MOH Health Unit, and Ankara Mini-clinic (Ellis)
- Meeting with Finance Coordinator re personnel system, National Programs Coordinator re MIS, and Executive Director re organizational strategy and structure (Brooks)
- Meeting with two Board members (Brooks)
- 8 June** Meeting with senior management staff to discuss findings and recommendations

Human Resource Development Foundation

- 9 June** Team meeting with Executive Director, Finance Director and project staff based at the HRDF Central Office
- 12 June** Meetings with Medical Coordinator Unit, AIDS Project staff, and Working Children Project staff (Ellis)
- Meeting with Finance Director and Executive Director (Brooks)

- 13 June** Field visits to Safe Motherhood Project (Ellis/Brooks) and Istanbul University (Ellis)
- Meeting with Executive Director (Brooks)
- Meeting with Medical Coordination Unit (Ellis)
- 14 June** Field visit to Community Based Services Project in Izmir (Ellis)
- Meeting with two Board members, and meeting with Finance Director (Brooks)
- 15 June** Meeting with Executive Director, Finance Director, and Istanbul-based project staff to discuss findings and recommendations

Turkish Family Health and Planning Foundation

- 12 June** Team meeting with Executive Director, Medical Coordinator and Director of FP Department
- 15 June** Meetings with Medical Coordinator and Director of FP Department (Ellis)
- Meeting with Finance Director and Executive Director (Brooks)
- 16 June** Field visit to Safe Motherhood Project and Fikirtepe Clinic (Ellis)
- Meeting with Executive Director (Brooks)
- 19 June** Meeting with Executive Director (Ellis)
- 20 June** Meeting with Executive Director, Finance Director, and Board Members (Brooks)
- Field visit to Safe Motherhood Project and Gungoren Clinic (Ellis)
- Final debriefing with Executive Director, Medical Coordinator, and Director of FP Department (Brooks/Ellis)

23 June Debriefing at USAID and MCHFP General Directorate